

## Rhode Island Early Intervention Policies and Procedures

### Child and Family Outcomes

**In order to ensure positive outcomes for children and families, certified EI providers are required to measure the impact of their work. Rhode Island uses the following national global outcome statements to assess the effectiveness of programs and the Early Intervention System, to guide practice and to support program improvement.**

#### Children will:

- Have positive social emotional development, including positive social relationships.
- Acquire and use knowledge and skills
- Use appropriate behaviors to meet their needs

#### Families will:

- Know their rights.
- Effectively communicate their child's needs.
- Help their children develop and learn.

### Child Outcomes

#### Child Outcomes Measurement System

- EI providers must use the *Early Intervention/Early Childhood Special Education Global Child Outcomes Measurement System* to measure child functioning related to the three global child outcomes. This process outlines a common system by which child outcome data is collected, reported, and used by EI and ECSE providers across the state.
- Documentation of Child Outcomes Measurement must be provided utilizing the *RI EI/ECSE Child Outcomes Summary Form*. The *Early Intervention/Early Childhood Special Education Global Child Outcomes Measurement System* and the *RI-COSF* can be found at:  
<http://www.ric.edu/sherlockcenter/eidocs.html>
- The Child Outcomes Measurement System includes:
  - A process for reviewing child assessment information from different sources
  - Individuals who contribute information about the child participate collectively in a discussion(s) that:
    - Considers the child's functioning across situations and settings,
    - Compares the child's functioning to same age peers,
    - Culminates in an overall statement of child functioning relative to typically developing peers. The statement is then converted into a numerical "rating".
- Child Outcomes Measurement occurs at entry to EI and is

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completed :

- For all children who are referred to Early Intervention
- For children enrolled in Early Intervention in second or third episodes as new referrals
- Child Outcomes Measurement is not completed at entry for:
  - Children who transfer from another EI Provider where an initial rating was already determined. (The original entry rating is utilized by the new provider.)
- Child Outcomes Measurement is completed at exit from EI :
  - For all children who have been in early intervention for at least 6 months (Calculation of time in EI begins from the initial IFSP start date).
- Child Outcomes Measurement is not completed at exit from EI:
  - For children enrolled under 6 months, or who have left early intervention services suddenly, and a rating cannot be completed due to lack of assessment information (via an assessment tool; family interview; and/or child observation) However the provider must document the reason why on the RI Child Outcomes Summary Form.
- Child Outcome Measurement must be based on assessment information gathered from a variety of sources including: observation, parent report, input from caregivers with whom the child spends significant time , input from the child's ECE teacher if the child is in an early childhood program , input from EI and ECSE service providers who have recently evaluated the child, input from current EI providers, the RI Child Outcome Summary Form, the Rhode Island Early Intervention Child Outcomes Developmental Guidance document, the RI Early Learning Standards , criterion-based assessment tool, other nationally recognized age anchoring tools, and the Early Childhood Outcomes Center's Child Outcomes Decision-Tree
- Each child's IFSP team (including the family) must reach consensus about how a child is functioning across all settings and situations re: the three global child outcomes
- Input from families other important sources such as caregivers, EI service providers, EI/ECSE providers who may have recently evaluated the child, early care and education providers , the child's early childhood teacher, and any other individual who knows the child must be effectively sought and included in the assessment process. If sources other than the family cannot be present at a meeting with the IFSP team to discuss and reach

### Family/Caregiver Participation

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consensus about how a child is functioning across settings, the EI provider must find an alternative method for obtaining the individual's input to ensure a complete picture of the child's development and functioning

- Consensus building conversations with families must be documented on a Services Rendered Form.
- These conversations must include a verbal description of key phrases and characteristics (foundational, immediate foundational and age expected skills) of child functioning re: the three global child outcomes and not the numerical ratings.
- The team must select an overall statement of functioning based on supporting evidence documented on the RI Child Outcomes Summary Form.
- Supporting evidence must provide a written rationale for the overall statement of functioning and corresponding rating and document in each outcome area (where applicable):
  - Age expected functioning
  - Immediate foundational skills/functioning that is not age expected
  - Foundational skills/functioning that is not yet age expected
- Staff must participate in documented training regarding the child outcomes summary process before participating in child outcomes measurement in order to guarantee valid and reliable data. Staff must demonstrate:
  - an understanding of age-expected child development
  - an understanding of functional versus developmental skills;
  - an ability to collect and review appropriate assessment information from multiple sources;
  - an ability to differentiate child functional skills into 3 areas: foundational skills, immediate foundational skills, and age expected skills for each outcome;
  - knowledge of how the family's culture, and the use of assistive technology may impact age expectations
  - an understanding of the content of each outcome;
  - an understanding of how to use the 7 point scale in relation to foundational, immediate foundation and age

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expected skills;

- The process for child outcomes measurement is as follows:  
At Entry

From Intake through the multidisciplinary evaluation process	Discussion with the family (and others with whom the child spends significant time) regarding child functioning within the three outcome areas occurs and is documented on the RI Child Outcomes Summary Form.
Eligibility/ IFSP Meeting	Any additional information regarding the child's functioning is documented. All information is then sorted into the categories of <i>age- expected, immediate foundational, or foundational</i> .
IFSP development/ IFSP Meeting to complete the IFSP	Information regarding child functioning obtained through the IFSP development (i.e. the Routines Based Interview) is added to the Child Outcomes Summary Form and an overall statement of functioning is determined by the team (including the family)

Exit

Prior to exit as part of transition no earlier than two months prior to exit from the EI program.	Discussion with the family (and others with whom the child spends significant time) regarding child functioning within the three outcome areas occurs and is documented on the RI Child Outcomes Summary Form.
	All information is then sorted into the categories of <i>age- expected, immediate</i>

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	<i>foundational, or foundational.</i>
	<p>An overall statement of functioning is determined by the team (including the family)</p> <p>In addition, participants must determine whether or not the child has made <i>progress</i> in each of the outcome areas and document the response.</p>

- The Child Outcomes Summary Form must be entered into the Welligent system within 10 business days of determining the rating.

### Transition to Part B

- Child Outcomes Measurement for children exiting Early Intervention transitioning from EI to ECSE occurs within the structure of the ECSE system of referral, eligibility determination, and IEP development. At the end of the process EI and ECSE determine collaboratively a single summary statement for each of the outcome areas.

#### Part C to Part B Transition Meeting

ECSE Evaluation Team Meeting: Review Referral	EI, the family and other participants share Information on child functioning relative to the three outcomes
ECSE Evaluation Team Meeting: Determine Eligibility	New information is added, reviewed and all information is sorted into the categories of <i>age- expected, immediate foundational, or foundational.</i>
Initial IEP	An overall statement of functioning is determined by the team (including the family)

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### Use of Child Outcomes Measurement Data

- State and/or local outcomes measurement is publicly reported in the SPP/APR.

### Data Quality and Analysis

- Providers must develop and oversee an internal quality assurance process, approved by the lead agency, to ensure data that is valid and reliable.
- Providers must provide a timely response to the lead agency relative to questions of data collection, accuracy, analysis, and use.
- Providers must participate with the lead agency regarding efforts related to the interpretation, reporting, and dissemination of child outcomes measurement.

### Family Outcomes

#### Family Outcomes Measurement

- EI providers must participate the distribution and collection of a statewide family outcomes measurement tool
- Participation includes:
  - Survey Promotion: (letters, newsletters and flyer reminder activities);
  - Distribution: (direct mail, hand deliver by providers or other);
  - Follow-up: (strategies to assist or encourage participation); and
  - Collection (return mail, hand collect or other).
- A family outcomes survey must be distributed to each parent who has a child participating in Early Intervention Services.
- EI providers must ensure staff understanding of the three family outcomes and how these outcomes are incorporated during interactions with families.
- Providers must have a written process to review and analyze family outcomes data and use this data for program improvement.
- State and/or local survey results are publicly reported in the SPP/APR.